


Entered - 05/08/01 - sb
CL01L0290 - DIANNE C. MITCHELL

01- R-1045

CLAIM OF: AARON BAISDEN
954 Astro Avenue
Forest Park, Georgia 30297

For damages alleged to have been sustained as a result of an injury during his arrest on February 15, 2001 at the Pretrial Detention Center.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0290

Date: June 21, 2001

Claimant /Victim AARON BAISDEN

BY: (Atty)(Ins. Co.)

Address: 954 Astro Avenue, Forest Park, Georgia 30297

Subrogation: Claim for Property damage \$ Bodily Injury \$ 5,000.00

Date of Notice: 04/20/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 02/19/01 Place: Pretrial Detention Center

Department Police Division:

Employee involved Robert Peterson Disciplinary Action: No Action Taken

NATURE OF CLAIM: The claimant alleges he was injured when the officer who transported him to Pretrial Detention accidentally cut his arm while cutting the "flex cuffs" off his wrists. An investigation by the Police Department, Office of Professional Standards found that the officer did not violate any departmental work rules and exonerated the officer from any wrong-doing. Further, the City is immune from the tort actions of its police officers pursuant to O.C.G.A. §36-3-3.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X Dept Report X Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

Improper Notice More than Six Months Other X Damages reasonable

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager: Concur/date 06-22-01

Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4/17/01

ENTERED - 5-8-01 - SB
01L0290 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 5,000 bodily injury for which I contend the City is liable.

1. Date of incident: 2/15/01 (month/day/ year) 2. Time of Incident: 1700 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): Detention Center peachtree ST
5. Name of your insurance company: _____ Policy No. _____
6. State what and how incident occurred: Officer Brown was cutting plastic hand cuffs from my wrist, and he beat me. He was using a large hunting knife. He said it was an accident, but I don't think so.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Aaron Baisden
Signature of Claimant

Aaron Baisden
(Print Claimant's Name)

954 Astro Avenue
(Address)

Forest Park GA 30297
(City, State and Zip Code)

01-R-1045

404-606-9549 404-608-057
(Work Number) (Home Number)